Attorney Docket No.: 47675-86

First Applicant's Name: Kurt Berlin Application Filing Date: 21 April 2005

Office Action Dated: 06 October 2008

Date of Response: 06 April 2009 Examiner: Katherine D. Salmon

IN THE SPECIFICATION:

Applicants, pursuant to 37 C.F.R. § 1.121, submit the following amendments to the specification:

Kindly substitute the following contiguous paragraphs for the corresponding paragraphs

beginning on page 43 and extending through page 47 of the originally filed specification:

--EXAMPLE 1

Organ specific methylation pattern analysis on plasma samples

A blood sample iswas taken from a patient who iswas unaware that he had been exposed to high

levels of radiation during his years of service at the army. Now he wishes to know whether he has

developed a neoplastic disease like a tumour. His physician has not yet found any typical

symptoms other than the patient complaining about unspecific pain at different organs, including

headache.

A 20 ml blood sample is was collected in heparin. Plasma and lymphocytes are were separated by

Ficoll gradient. Control lymphocyte and plasma DNA arewere purified on Qiagen columns

(Qiamp Blood Kit, Qiagen, Basel, Switzerland) according to the "blood and body fluid protocol".

Plasma iswas passed on the same column. After purification of about 10 ml of plasma 350 ng of

DNA <u>arewere</u> obtained. The DNA <u>iswas</u> subjected to a sodium bisulfite treatment as it has been

described in Olek A, Oswald J, Walter J. (1996) A modified and improved method for bisulphite

based cytosine methylation analysis. Nucleic Acids Res. 24: 5064-6. An aliquot of this bisulfite

treated DNA is was used for methylation analysis based on sequencing. The individual's test result

iswas compared with the dataset obtained from previous samples of known tissues and cell types

as it is shown in figure 7. From that it cancould be concluded that a significant portion of the DNA

in the patient's blood iswas derived from his lung. Said result is sentwas send back to the

physician who now refersreferred the patient to a hospital that is specialised on inflammatory or

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cell proliferative diseases of the lung.

EXAMPLE 2

Organ specific methylation pattern analysis on serum samples

A blood sample is was taken from a patient, who wishes to know whether he has developed a

neoplastic disease like a tumour. His physician has not yet found any typical symptoms other than

the patient complaining about randomly occurring unspecific pain in his stomach, recurrent

headache and pain in his kidneys.

A serum sample <u>ishas been</u> taken from the patient. DNA <u>ishas been</u> isolated from the serum with

the use of the Qiamp kit and ishas been bisulfite treated as described in Example 1.

A typical methylation pattern cancould be determined analysing the methylation statuses of a

higher number of different informative CpG sites, than is that were used as markers for different

tissues and organs, simultaneously. That iswas done by first amplifying the relevant fragments

with the use of specific primers designed as to only specifically amplify those fragments of the

bisulfite treated DNA that contain informative CpG positions. These amplificates are were labelled

with a fluorescent dye. A set of detection oligos, each designed as to specifically only hybridise

with the amplified version of the bisulfite treated nucleic acid that iswas methylated as it is

characteristic for a specific organ. The detection oligos contain a CG when said CpG position is

methylated in a specific organ or tissue (or a TG where said CpG position is unmethylated in a

specific organ or tissue). These oligos arewere fixed to a solid surface as to provide a chip. The

labelled amplificates arewere hybridised with said chip and non hybridising amplificates arewere

removed. The signal pattern on the chip iswas then translated in a methylation pattern, indicative

of a specific organ.

The analysis of the patient's DNA methylation patterns, <u>leadsled</u> to the conclusion that a

significant portion of the DNA originated from colon.

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The physician therefore initiates initiated a second analysis on said bisulfite treated DNA. He

requiresrequired the patient's DNA to be tested a second time, this time specifically only with the

colon marker EYA 4. A predominant signal caneould be detected using the following EYA4-

HeavyMethyl MethyLight assay. The methylation status is was determined with a HM MethyLight

assay designed for the CpG island of the EYA4 colon marker gene and a control gene was assayed

in parallel. The CpG island assay covers CpG sites in both the blocking oligos and the taqman®

style probe, while the control gene does not.

Methods. The CpG island assay (methylation assay) iswas performed using the following primers

and probes:

Control gene: beta actin (Eads et al., 2001):

Primer: TGGTGATGGAGGAGGTTTAGTAAGT (SEQ ID No. 1);

Primer: AACCAATAAAACCTACTCCTCCTTAA (SEQ ID No. 2); and

Probe: ACCACCACCAACACACAATAACAAACCA (SEQ ID No. 3)

EYA4 gene

Forward Primer: GGTGATTGTTTATTGTTATGGTTTG (SEQ ID No. 4)

Reverse Primer: CCCCTCAACCTAAAAACTACAAC (SEQ ID No. 5)

Forward Blocker: GTTATGGTTTGTGATTTTGTGTGGG (SEQ ID No. 6)

Reverse Blocker: AAACTACAACCACTCAAATCAACCCA (SEQ ID No. 7)

Probe: AAAATTACGACGACGCCACCCGAAA (SEQ ID No. 8).

The reactions are were each run in triplicate on the individual's DNA sample with the following

assay conditions:

Reaction solution: (400 nM primers; 400 nM probe; 10µM both blockers; 3.5 mM magnesium

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chloride; 1x ABI Taqman buffer; 1 unit of ABI TaqGold polymerase; 200µM dNTPs; and 7µl of a

solution containing 50 ng of DNA, in a final reaction volume of 20 µl);

Cycling conditions: (95°C for 10 minutes); (95°C for 15 seconds, 64°C for 1 minute (2 cycles));

(95°C for 15 seconds, 62°C for 1 minute (2 cycles); (95°C for 15 seconds, 60°C for 1 minute (2

cycles)); and (95°C for 15 seconds, 58°C for 1 minute, 60°C for 40 seconds (41 cycles)).

The amplification of said fragment indicates indicated the presence of a specific methylation

pattern in said informative CpG positions (of EYA 4). From comparing the test result and the

intensity of the fluorescent signal with a data set obtained from other samples it caneould be

concluded that a significant part of the DNA in the patient's sample originated from colon.

This result allowsallowed the physician to refer said patient to an expert in gastrointestinal

diseases.

EXAMPLE 3

In another case the physician followswas following a different strategy. He iswas first testing for

the total amount of free floating DNA in said patient's serum, because this test is less cost intense

and iswas covered by the patient's insurance. The blood sample iswas sent to a laboratory. After

separating having separated the plasma from blood cells by centrifugation at 3000g for 20 min the

DNA from the blood plasma iswas extracted using the QIAamp Blood Kit (Qiagen, Hilden,

Germany) using the blood and body fluid protocol referring to Wong et al. (1999), Cancer Res 59:

71-73 and Lo et al. (1998) Am. J. Genet. 62: 768-775. It iswas determined that the level of total

free floating nucleic acids in said serum sample is was 20 times higher than it usually is in samples

from healthy donors, that are not suffering from cell proliferative diseases. The data that were

establishing this "normal" value arehave been obtained fromin previous studies based on a high

number of samples and arewere approved by the regulatory agencies. These data beinghad been

stored in their dataset.

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Knowing that his patient hashad a level of free floating DNA in his serum that iswas 20 times

higher than the average allowsallowed the physician to diagnose a high likelihood of his patient to

suffer from a cell proliferative disease. With this diagnosis the insurance is was willing to pay for a

more informative test as to further specify the kind of disease.

The physician now requests requested the methylation analysis of said DNA with the aim to

determine where the free floating DNA in the serum of his patient originated from. Said DNA

iswas treated with sodium bisulfite as described above. The methylation pattern analysis iswas

carried out with the use of a number of informative CpG site containing marker nucleic acids and

the collected datasets from other samples to compare the results with (as illustrated in figure 4).

Said analysis reveals revealed that a significant portion of said free floating DNA

originates originated from liver. At this point the physician refers referred the patient to an

oncologist specified for liver tumours.

EXAMPLE 4

A research team is interested in identifying risks of developing lung specific diseases like for

example lung cancer in a population, that has been exposed to specific environmental conditions.

As these conditions only developed during the recent years, no data are available on an

accumulated occurrence of cancer in said population yet. Therefore the team is they are employing

an analysis of said individual's individuals bodily fluids as to whether they can find early signs of

developing diseases. Sputum samples <u>are have been</u> collected from a high number of individuals.

Those sputum samples <u>arewere</u> analysed as follows: Sputum samples <u>arewere</u> spun at 3000 x g for

5 min and washed twice with phosphate-buffered saline. Cell pellets are were digested with 1%

SDS/proteinase K, and DNA iswas extracted and purified using Qiagen columns (Qiamp Blood

Kit, Qiagen, Basel, Switzerland) according to the "blood and body fluid protocol". The DNA

obtained iswas subjected to a sodium bisulfite treatment as it has been described in Olek A,

Oswald J, Walter J. (1996) A modified and improved method for bisulphite based cytosine

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methylation analysis. Nucleic Acids Res. 24: 5064-6. An aliquot of this bisulfite treated DNA <u>iswas</u> used for methylation analysis. As the study <u>iswas</u> designed to only look for lung diseases, the analysis <u>iswas</u> restricted to the use of informative CpG sites that are specifically methylated in lung cells, but unmethylated in other cells that might potentially occur in a sputum sample. The methylation analysis <u>iswas</u> based on sensitive detection assays. First results <u>arewere</u> obtained with the use of a HM assay, as it is described in here. Primers <u>arewere</u> designed to amplify a fragment that contains seven different CpG sites that are all methylated only in DNA from lung cells. Blocking oligos <u>arewere</u> designed that hybridised to two of those sites in the bisulfite treated DNA, only when said CpG sites <u>arewere</u> unmethylated prior to bisulfite treatment. A pair of Lightcycler probes <u>iswas</u> designed as to only bind to the amplified fragment of the bisulfite treated DNA when two different informative CpG sites <u>arewere</u> methylated. That way, the presence <u>iswas</u> indicated by the generation of a fluorescent signal and the amount of said lung derived DNA in the total amount of DNA <u>iswas</u> quantified by the number of cycles required to generate a detectable signal in comparison to signals generated by standardised amounts of control DNA.

The primary test results <u>are</u>have been confirmed with the use of MSP primers in combination with the use of Taqman probes. MSP primers <u>are</u>were designed to specifically bind to the bisulfite treated sequence containing two and three of those CpG sites that <u>are</u>were methylated in lung cells, but not in other cells. The Taqman probe <u>is</u>was designed to bind to the other two CpG sites in said amplified product only when those <u>are</u>were unmodified after treatment with bisulfite (methylated cytosines prior to treatment). Therefore the presence of an amplification product, indicated by the fluorescent signal of the Taqman probe <u>confirms</u>eonfirmed the primary results.

As the majority of the individuals <u>dodid</u> not show free floating DNA in their sputum samples that <u>exhibits</u> exhibited methylation pattern characteristic for lung, it <u>is</u> concluded that they <u>dodid</u> not contain lung derived DNA in their sputum samples. It <u>is</u> concluded that said population did not develop lung specific cell proliferative diseases and as such there <u>s</u> was no reason to believe that said environmental conditions are adding to the risk of developing a neoplastic or

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inflammatory diseases like lung cancer or lung inflammation.